Revision:		-PM-91- T 1991	4 (BP	D)	OMB No.:	0938-		
;	State	/Territo	ory:	Nevada				
Citation 42 CFR 447	7 51	4.18 <u>F</u>	Recipien	ipient Cost Sharing and Similar Charges				
through 44		(a)	deduc	d the maximum al	nce rates, and c	opayments do not		
1916(a) and of the Act		(b)	and ( categ benef	t as specified i 6) below, with r orically needy o iciaries (as def ct) under the pl	espect to indivi r as qualified M ined in section	duals covered as dedicare		
		(		enrollment fee, posed under the		ilar charge is		
		(	ch	deductible, coi arge is imposed llowing:				
			(i)	Services to ind	ividuals under a	ge 18, or		
				/ Age 19				
				<u>/</u> / Age 20				
			•	/ Age 21				
				age 18 or older	gories of indivi , but under age re listed below,	21, to whom		
		,	(ii)	Services to pre pregnancy or an may complicate	gnant women rela y other medical the pregnancy.	ted to the condition that		
TN No. Supersedes	92-5	Annrow	al Date	FEB 2 1 1992	Effective Date	1/1/02		
	8-1	 whhrose	ar Dave		HCFA ID: 798			

Revision:	AUGUST 1991	OMB NO.: 0938-
	State/Territory: _	Nevada
Citation	4.18(b)(2) (C	Continued)
42 CFR 447 through 447.58	7.51 (iii)	All services furnished to pregnant women.
447.50		// Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
	(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
	(v)	Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
	(vi)	Family planning services and supplies furnished to individuals of childbearing age.
	(vii)	Services furnished by a health maintenance organization in which the individual is enrolled.
1916 of th P.L. 99-27 (Section 9	2,	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN No. 92-5 Supersedes Approval Date TN No. 88-1	FEB 2 1 1992	Effective Date1/1/92
IN NO		HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State/Territory:	Ne	ada
Citation	4.18(b) (C	ontinued	
42 CFR 447 through 447.48	7.51 (3)	applie copaym servic	a waiver under 42 CFR 431.55(g) s, nominal deductible, coinsurance, ent, or similar charges are imposed for es that are not excluded from such charges item (b)(2) above.
		<u>/x</u> x/	Not applicable. No such charges are imposed.
	(:	i) For cha	any service, no more than one type of rge is imposed.
	(i.		rges apply to services furnished to the lowing age groups:
			/// 18 or older
			<u>√</u> / 19 or older
			√/ 20 or older
			√/ 21 or older
			Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years o age or older but under age 21.
TN No.	92-5 Approval Da	ate FEB	21,02 Effective Date 1/1/92
TN No	38-1		

HCFA ID: 7982E

Revision:	HCFA-	-PM-91- 4 <sub>T</sub> 1991	(BPD)			C	MB No.:	0938-	
	State	Territory	/: <u> </u>	N	evada			·	_
Citation 42 CFR 447	. 51	4.18(b)(3	3) (Co	ntinue	d)				
through 44			(iii)	Medic	he cat are be fies t	egorically eneficiaries the:	needy a , <u>ATTAC</u>	nd quali HMENT 4.	fied 18-A
				(A)	Servi appli	.ce(s) for w	hich a	charge(s	) is
				(B)	Natur servi	e of the ch	arge im	posed on	each
				(C)		t(s) of and harge(s);	basis	for dete	rmining
				(D)	Metho	d used to c	ollect	the char	ge(s);
				(E)	indiv	for determ idual is un- he means by entified to	able to which	pay the such an	charge
				(F)	the e	dures for in xclusions fr ined in 42 (	rom cost	sharin	g
				(G)	deduc	ative maximutible, coinses imposed od.	surance	or copa	yment
						Not application maximum.	able. 5	There is	no

TN No. 92-5	FEB 2 1 1992		
Supersedes Approval Dat	e	Effective Date 1/1/92	
TN No		HCFA ID: 7992F	

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-AUGUST 1991 Nevada State/Territory: Citation 4.18(b)(4) // A monthly premium is imposed on pregnant women and infants who are covered under 1916(c) of the Act section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients. 1902(a)(52) 4.18(b)(5) // For families receiving extended benefits and 1925(b) during a second 6-month period under of the Act section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act. 4.18(b)(6)  $\angle /$  A monthly premium, set on a sliding scale, 1916(d) of the Act imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

TN No. 92-5	<del></del>	FEB A. 1 (35)		
	Approval Date		Effective Date	1/1/92

HCFA ID: 7982E

Revision:	HCFA-PM-91-4 (B) AUGUST 1991	OMB No.: 0938-
	State/Territory:	Nevada
Citation	4.18(c) <u>/</u> /	Individuals are covered as medically needy under the plan.
42 CFR 447 through 44		An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.
447.51 thr 447.58	ough (2)	No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:
		(i) Services to individuals under age 18, or under
		<u>/</u> / Age 19
		/ Age 20
		/_/ Age 21
		Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

TN No. 92-5	FEB 2 1 1992	1/1/00
Supersedes Approval Date	FEB % 1 1332	Effective Date 1/1/92
TN No. 87-1		UCEA ID. 7002E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
;	State/Territor	у:	Nevada
Citation	4.18 (c)	(2) (C	ontinued)
42 CFR 447 through 447.58	.51	(ii)	Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.
		(iii)	All services furnished to pregnant women.
			Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
		(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.
		(v)	Emergency services if the services meet the requirements in 42 CFR $447.53(b)(4)$ .
		(vi)	Family planning services and supplies furnished to individuals of childbearing age.
1916 of th P.L. 99-27 (Section 9	2	(vii)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.
447.51 thr 447.58	ough (	viii)	Services provided by a health maintenance organization (HMO) to enrolled individuals.
			// Not applicable. No such charges are imposed.

TN No. 92-5	FEB 2 1 1992	Effective Date 1/1/92
Supersedes Approval Date TN No. 87-1		Effective Date
IN NO.		UODA ID. 3000B

HCFA ID: 7982E

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State/Territory	: <u>·</u>	Nevada
Citation	4.18(c)(3	nor sir nor abo	less a waiver under 42 CFR 431.55(g) applies, minal deductible, coinsurance, copayment, or milar charges are imposed on services that are t excluded from such charges under item (b)(2) ove.
			/ Not applicable. No such charges are imposed.
		(i)	For any service, no more than one type of charge is imposed.
		(ii)	Charges apply to services furnished to the following age group:
			/_/ 18 or older
			/_/ 19 or older
			/_/ 20 or older
			Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.
•			
TN No.	92-5	Dat -	FEB 2 1 1992
Supersede TN No.	s 37-1 Approval	Date .	Effective Date _1/1/92
<del></del>			HCFA ID: 7982E

56f							
Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 State/Territory:			OMB No.: 0938-				
		Nevada					
Citation	4.18(c)(3) (Co	ntinued	)				
447.51 through	h (iii)		e medically needy, and other optional , <u>ATTACHMENT 4.18-C</u> specifies the:				
447.58			Service(s) for which charge(s) is applied;				
			Nature of the charge imposed on each service;				
			Amount(s) of and basis for determining the charge(s);				
		(D)	Method used to collect the charge(s);				
			Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;				
			Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and				
		•	Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.				
			Not applicable. There is no maximum.				

TN No. 92-5			FEB 2 1 1992		
-	Approval	Date	LED WI 1995	Effective Date 1/1/92	
TN No. $87-1$	_			UCEN ID. 7092E	